

# Indiana Auditor of State

**AUDCLAIMS**  
[ATRA] [BOLP] [ESDO] [DSDO]

**Due to Service Center, Room 234.**

[ ] W-9 Form (s) Enclosed

## AGENCY INFORMATION

<b><u>Requestor</u></b>	<b><u>Telephone #</u></b>	<b><u>E-Mail Address</u></b>	<b><u>Date</u></b>

## DISKETTE INFORMATION

<b><u>Agency Number</u></b>	<b><u>Sys ID</u></b>	<b><u>Description</u></b>
<b><u>Number of Invoices</u></b>	<b><u>Dollar Amount</u></b>	
<b><u>Adjusted # of Invoices</u></b>	<b><u>Adjusted Dollar Amount</u></b>	

## AGENCY CONTACT INFORMATION

If any problems with the diskette or balancing occur, the following individuals can be contacted:

<b><u>Contact Name</u></b>	<b><u>Telephone #</u></b>
<b><u>Contact Name</u></b>	<b><u>Telephone #</u></b>

## AUDITOR OF STATE INFORMATION

<b>LOG-IN</b>		<b>LOG-OUT</b>		<b>AGENCY complete if date other than system date</b>
Date Received		Date Returned to Agency		Warrant Date
<b>Pre-Edit</b>	<b><u>Load:</u></b>	Edit Reports	FROM WARRANT NUMBER	TO WARRANT NUMBER

## COMMENT SECTION - to be used if agency is contacted.

Name of person called	Telephone #	Date Called

Agency verbal instructions: Processing requirements for this program are as follows: Voucher Abstract (1), Claim Voucher (1), and Supporting documents (As Required) to be placed within an Interdepartmental Mail Envelope (State Form 3 or equal) with this cover sheet taped to the outside of the envelope (the tie-down flap MUST be exposed) Additional copies of these documents are not required under this program.


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